

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PLUMBING BUREAU
208-334-3442

**APPLICATION FOR EXAMINATION AND CERTIFICATION TO ENGAGE IN THE
PLUMBING BUSINESS AS A SPECIALTY PLUMBING CONTRACTOR**

Certificates of competency are issued only to an individual. The examination for a specialty plumbing contractor license must be taken by the individual who is making application. Application for examination is hereby made and the non-refundable application fee of \$22.50 is attached. **A COPY OF YOUR CURRENT PICTURED IDENTIFICATION MUST ACCOMPANY THIS APPLICATION.**

A \$2,000.00 Surety Bond must be submitted with this application. **The bond must be in the name of the applicant -- not the business name.**

Please mail your application, bond, fee, and a copy of your current pictured identification to: **Division of Building Safety, Plumbing Bureau, 1090 E. Watertower St., Meridian, ID 83642.**

**ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED
\$20.00, AS PER IDAHO CODE 28-22-105.**

CHECK THE TYPE OF SPECIALTY LICENSE YOU ARE APPLYING FOR:

APPLIANCE PLUMBING SPECIALTY CONTRACTOR _____
WATER PUMP PLUMBING SPECIALTY CONTRACTOR _____

Name: _____

Social Security #: _____ Telephone #: _____

Address: _____
Street City State Zip Code

Intended Name of Specialty Plumbing Business:

BY SUBMISSION OF THIS APPLICATION, I STATE THAT I AM FAMILIAR WITH THE PLUMBING LAWS AND RULES OF THE STATE OF IDAHO AND FURTHER AGREE TO COMPLY WITH SUCH LAWS AND RULES.

I UNDERSTAND THAT IF I WORK WITH THE TOOLS, I MUST ALSO BE LICENSED AS A JOURNEYMAN PLUMBER OR SPECIALTY JOURNEYMAN PLUMBER IN THE STATE OF IDAHO.

APPLICANT'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____, 20 _____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES: _____

EXPERIENCE RECORD

This application will be returned if not clear and complete. The applicant is cautioned that all reference information will be verified and that the application will not be finally accepted until three or more references respond.

Time Served In The Specialty Plumbing Business:

SPECIALTY APPRENTICE:

(Name of Employer) FROM: _____ TO: _____
Mo/Day/Year Mo/Day/Year

Address: _____
Street City State Zip Code

SPECIALTY JOURNEYMAN:

(Name of Employer) FROM: _____ TO: _____
Mo/Day/Year Mo/Day/Year

Address: _____
Street City State Zip Code

(Name of Employer)

Address: _____
Street City State Zip Code

SELF-EMPLOYED:

(Name of Business) FROM: _____ TO: _____
Mo/Day/Year Mo/Day/Year

Address: _____
Street City State Zip Code

WORK EXPERIENCES

Name: _____ Telephone Number: _____

Address: _____

Name: _____ Telephone Number: _____

Address: _____

Name: _____ Telephone Number: _____

Address: _____